

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Joe Wilson for Congress

ADDRESS (number and street)  
▼

PO Box 2145

Check if different  
than previously  
reported. (ACC)

West Columbia

SC

29171-2145

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00368522

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

SC

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Donald H. Burkett

Signature of Treasurer

Donald H. Burkett

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**Joe Wilson for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	79545.13	602656.13
(b) Total Contribution Refunds (from Line 20(d)) .....	1025.00	3775.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	78520.13	598881.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	70327.93	352245.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16821.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	70327.93	335423.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	268670.11	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Joe Wilson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

28690.00

243457.00

(ii) Unitemized.....

8355.13

98699.13

(iii) TOTAL of contributions from individuals ▶

37045.13

342156.13

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

42500.00

260500.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

79545.13

602656.13

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

16821.41

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

1.01

747.06

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

79546.14

620224.60

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 74

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70327.93	352245.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1025.00	3775.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1025.00	3775.00
21. OTHER DISBURSEMENTS .....	0.00	300.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	71352.93	356320.37

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	260476.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	79546.14
25. SUBTOTAL (add Line 23 and Line 24).....	340023.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	71352.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	268670.11

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

MILTON E. ACKERMAN JR.

A.

Mailing Address 805 MAPLE FOREST COURT

City

CHESAPEAKE

State

VA

Zip Code

23322-7566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MILITARY RESALE SOLUTIONS, INC.

Occupation

PRESIDENT &amp; CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100669

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARRIS W. AVERY

B.

Mailing Address 6409 FALLON COURT

City

PLANO

State

TX

Zip Code

75093-8056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FRITO LAY

Occupation

DIRECTOR OF SALES

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100676

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEITH AVERY

C.

Mailing Address 60 WOODLAKE DRIVE

City

NEWBERRY

State

SC

Zip Code

29108-8282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEWBERRY ELECTRIC

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100691

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**J. ROBERT BOLCHOZ ESQ.**

Mailing Address 1204 PRINCETON ST

City

COLUMBIA

State

SC

Zip Code

29205-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 23 / 2014

Transaction ID : SA11.100587

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BENJAMIN B. BOYD, ESQ.**

Mailing Address 3200 PETIGRU STREET

City

COLUMBIA

State

SC

Zip Code

29204-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 08 / 2014

Transaction ID : SA11.100508

Amount of Each Receipt this Period

75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS E. BROWN JR.**

Mailing Address 77 COWDRAY PARK

City

COLUMBIA

State

SC

Zip Code

29223-8125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LUTHERAN HOMES OF SOUTH CAROLINA

Occupation

HEALTH CARE ADMINISTRATION

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11.100777

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

475.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**THOMAS E. BROWN JR.**

**A.**

Mailing Address **77 COWDRAY PARK**

City

**COLUMBIA**

State

**SC**

Zip Code

**29223-8125**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LUTHERAN HOMES OF SOUTH CAROLINA**

Occupation

**HEALTH CARE ADMINISTRATION**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**03 / 31 / 2014**

**Transaction ID : SA11.100778**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**EDWARD L. BRUNOT**

**B.**

Mailing Address **628 GREYSTONE LANE**

City

**CHESAPEAKE**

State

**VA**

Zip Code

**23320-3209**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MDV**

Occupation

**PRESIDENT**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**03 / 31 / 2014**

**Transaction ID : SA11.100852**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WALTER J. BUCKERT JR.**

**C.**

Mailing Address **20898 ROYAL VILLA TERRACE**

City

**POTOMAC FALLS**

State

**VA**

Zip Code

**20165-2499**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**WEBCO GENERAL PARTNERSHIP**

Occupation

**DIRECTOR GOVERNMENT & INDUSTRY AFF**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**3600.00**

Date of Receipt

**03 / 20 / 2014**

**Transaction ID : SA11.100654**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1100.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

WALTER J. BUCKERT JR.

A.

Mailing Address 20898 ROYAL VILLA TERRACE

City

POTOMAC FALLS

State

VA

Zip Code

20165-2499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEBCO GENERAL PARTNERSHIP

Occupation

DIRECTOR GOVERNMENT &amp; INDUSTRY AFI

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100662

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAYMOND S. CAUGHMAN

B.

Mailing Address 5084 AUGUSTA ROAD

City

LEXINGTON

State

SC

Zip Code

29072-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED BANKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100831

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELEANOR L. COBB

C.

Mailing Address 131 S VISTA STREET

City

LOS ANGELES

State

CA

Zip Code

90036-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2014

Transaction ID : SA11.100600

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

LEONARD COLDWELL

A.

Mailing Address 1150 HUNGRYNECK BOULEVARD

SUITE 379

City

MOUNT PLEASANT

State

SC

Zip Code

29464-3484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

AUTHOR/SPEAKER

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		01		2014

Transaction ID : SA11.100639

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DENNIS EIDSON

B.

Mailing Address 1777 FLOWERS MILL DRIVE NE

City

GRAND RAPIDS

State

MI

Zip Code

49525-9695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SPARTANNASH

Occupation

PRESIDENT &amp; CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100853

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALLEN LEE ETCHEPARE

C.

Mailing Address 4599 MCDERMOTT RD

City

MAXWELL

State

CA

Zip Code

95955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMERALD FARMS

Occupation

AGRICULTURE

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100787

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

1300.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

DAVID E. FELKEL

A.

Mailing Address 220 CHERRY LANE

City

SAINT GEORGE

State

SC

Zip Code

29477-8715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EDISTO ELECTRICOccupation  
CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100682

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN E. FITTS JR.

B.

Mailing Address 123 JACQUES HAVEN ROAD

City

GASTON

State

SC

Zip Code

29053-8910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : SA11.100632

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMITKUMAR C. GOVINDJI

C.

Mailing Address 14114 PROMENADE DRIVE

City

HUNTERSVILLE

State

NC

Zip Code

28078-6685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
SELF EMPLOYED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100704

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 74

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**WILLIAM L. HART**

**A.**

Mailing Address 212 MAPLE RIDGE ROAD

City

BLYTHEWOOD

State

SC

Zip Code

29016-8392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAIRFIELD ELECTRIC

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

Transaction ID : SA11.100681

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRANCIS J. HOGAN**

**B.**

Mailing Address 1100 NORTHPOINT PARKWAY  
SUITE 200

City

WEST PALM BEACH

State

FL

Zip Code

33407-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OVERSEAS SERVICE CORPORATION

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

Transaction ID : SA11.100661

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RONALD F. JOHNSON**

**C.**

Mailing Address 176 BICKLEY ROAD

City

LEXINGTON

State

SC

Zip Code

29072-8601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHNSON INSURANCE ASSOCIATES

Occupation

PRESIDENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 14 / 2014

Transaction ID : SA11.100575

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3650.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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 (check only one)  
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Joe Wilson for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JAMES F. KNIGHT</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2014	
Mailing Address 420 OLD RAPIDS ROAD		<b>Transaction ID : SA11.100598</b>	
City LEXINGTON	State SC	Zip Code 29072-9413	Amount of Each Receipt this Period 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer CRITICAL HEALTH SYSTEMS @ LEXINGTON	Occupation ANESTHESIOLOGIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>CAROLYN E. MCDONNELL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 1193 STARR WAY		<b>Transaction ID : SA11.100666</b>	
City VIRGINIA BEACH	State VA	Zip Code 23454-3054	Amount of Each Receipt this Period 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer MILITARY PRODUCE GROUP	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CAROLYN E. MCDONNELL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 1193 STARR WAY		<b>Transaction ID : SA11.100666B</b>	
City VIRGINIA BEACH	State VA	Zip Code 23454-3054	Amount of Each Receipt this Period -400.00 CONTRIBUTION <b>[MEMO ITEM]</b> REDESIGNATION TO GENERAL
FEC ID number of contributing federal political committee. C			
Name of Employer MILITARY PRODUCE GROUP	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

CAROLYN E. MCDONNELL

A.

Mailing Address 1193 STARR WAY

City

VIRGINIA BEACH

State

VA

Zip Code

23454-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MILITARY PRODUCE GROUP

Occupation

OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100672

Amount of Each Receipt this Period

400.00

CONTRIBUTION

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

B.

Full Name (Last, First, Middle Initial)

DORIS MCELVEEN

Mailing Address 644 N COLUMBIA STREET

City

BOGALUSA

State

LA

Zip Code

70427-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2014

Transaction ID : SA11.100613

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

REX MORENA

Mailing Address 115 LARK COURT

City

ALAMO

State

CA

Zip Code

94507-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GINO MORENA ENTERPRISES

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100816

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

525.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 74

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**JAMES J. MURPHY****A.**

Mailing Address 9374 MOUNT VERNON CIRCLE

City

ALEXANDRIA

State

VA

Zip Code

22309-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

**Transaction ID : SA11.100668**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICHAEL P. NIERI****B.**

Mailing Address 325 TRENTWOOD DRIVE

City

COLUMBIA

State

SC

Zip Code

29223-8417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREAT SOUTHERN HOMES

Occupation

PRESIDENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

**Transaction ID : SA11.100811**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOSEPH B. OLDING III****C.**

Mailing Address 3261 SPANISH RIVER DRIVE

City

POMPANO BEACH

State

FL

Zip Code

33062-6809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEBCO GENERAL PARTNERSHIP

Occupation

PRESIDENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

**Transaction ID : SA11.100665**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 74

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**CHANDRA PATEL**

**A.**

Mailing Address 14415 WILLIAM DAVIE LANE

City

CHARLOTTE

State

NC

Zip Code

28277-2857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHREE, INC.

Occupation

EXECUTIVE

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.100695**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KASHYAP B. PATEL**

**B.**

Mailing Address 14820 JOCKEYS RIDGE DRIVE

City

CHARLOTTE

State

NC

Zip Code

28277-3718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SC ONCOLOGY SOCIETY

Occupation

PRESIDENT

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.100698**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MITESH C. PATEL**

**C.**

Mailing Address 203 GEORGE B TIMMERMAN DRIVE

City

ANDERSON

State

SC

Zip Code

29621-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARAGON HOTEL COMPANY

Occupation

VICE PRESIDENT OF ACQ. & DEV.

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.100706**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

RAVI C. PATEL

A.

Mailing Address 5924 OLD WELL HOUSE ROAD

City

CHARLOTTE

State

NC

Zip Code

28226-2669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SREE HOTELS

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100696

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RICKY PATEL

B.

Mailing Address 107 AMANDA DRIVE

City

ANDERSON

State

SC

Zip Code

29621-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHERATON COLUMBIA DOWNTOWN HOTEL

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100703

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SARAJ G. PATEL

C.

Mailing Address 16718 NEW PROVIDENCE LN

City

CHARLOTTE

State

NC

Zip Code

28277-3125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPS STORE

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100705

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

VINAY PATEL

A.

Mailing Address 9230 HOLLYBUSH LANE

City

CHARLOTTE

State

NC

Zip Code

28277-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SREE HOTELS

Occupation

HOTEL MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100692

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELIZABETH PINKERTON

B.

Mailing Address 1600 N. OAK STREET  
#1817

City

ARLINGTON

State

VA

Zip Code

22209-2770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : SA11.100648

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANK REIDY

C.

Mailing Address 515 WILDER ROAD

City

VIRGINIA BEACH

State

VA

Zip Code

23451-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100670

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

SARAH RINDLAUB

A.

Mailing Address 8441 SE 68TH STREET  
# 217

City	State	Zip Code
MERCER ISLAND	WA	98040-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : SA11.100625

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LARRY V. RINEHART

B.

Mailing Address 1506 OLD BARNWELL ROAD

City	State	Zip Code
LEXINGTON	SC	29073-8702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : SA11.100521

Amount of Each Receipt this Period

45.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LARRY V. RINEHART

C.

Mailing Address 1506 OLD BARNWELL ROAD

City	State	Zip Code
LEXINGTON	SC	29073-8702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Transaction ID : SA11.100573

Amount of Each Receipt this Period

45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1090.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**ARNOLD SCHLESINGER**Mailing Address **9595 WILSHIRE BOULEVARD  
SUITE 710**

City	State	Zip Code
BEVERLY HILLS	CA	90212-2507

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**FINANCIAL EXECUTIVE**Occupation  
**AVG PARTNERS**

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

**Transaction ID : SA11.100785**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANIEL W. SCLATER**Mailing Address **4212 SKIPFARE COURT**

City	State	Zip Code
PRINCE WILLIAM	VA	22192-5573

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**DEFENSE COMMISSARY AGENCY**Occupation  
**DIRECTOR**

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

**Transaction ID : SA11.100660**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DANIEL W. SCLATER**Mailing Address **4212 SKIPFARE COURT**

City	State	Zip Code
PRINCE WILLIAM	VA	22192-5573

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**DEFENSE COMMISSARY AGENCY**Occupation  
**DIRECTOR**

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

**Transaction ID : SA11.100667**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

EVAN B. SINGER

A.

Mailing Address 1926 GREENTREE ROAD  
SUITE 210

City	State	Zip Code
CHERRY HILL	NJ	08003-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE SINGER GROUP

Occupation  
PRESIDENT & CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100822

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

TOMMY D. SPURRIER

B.

Mailing Address 2732 LAKESIDE DRIVE

City	State	Zip Code
BURLESON	TX	76028-6364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FIRE PROTECTION

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : SA11.100713

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

F. JUSTIN STRICKLAND

C.

Mailing Address 623 BRANDON COURT

City	State	Zip Code
LEXINGTON	SC	29072-7527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTHERN FIRST BANK

Occupation  
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100849

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

J. RICHARD THOMAS

A.

Mailing Address 37757 JOHN MOSBY HIGHWAY

City

MIDDLEBURG

State

VA

Zip Code

20117-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEBCOOccupation  
PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11.100664

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

E. LLOYD TREADGOLD

B.

Mailing Address 1025 ANZA STREET

City

SAN FRANCISCO

State

CA

Zip Code

94118-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100772

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM GLENN YARBOROUGH JR.

C.

Mailing Address PO BOX 828

City

MC LEAN

State

VA

Zip Code

22101-0828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WGY & ASSOCIATESOccupation  
GOVERNMENT RELATIONS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100823

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

THE MANAGEMENT COMPANY OF SC LLC

Mailing Address 2406 EDMUND HWY

City

WEST COLUMBIA

State

SC

Zip Code

29170-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2014

Transaction ID : SA11.100707

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEANNE COOK

Mailing Address 2406 EDMUND HWY

City

WEST COLUMBIA

State

SC

Zip Code

29170-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

THE MANAGEMENT COMPANY OF SC LLC

PARTNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

866.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2014

Transaction ID : SA11.100709

Amount of Each Receipt this Period

866.66

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

CHARLES DICKERSON

Mailing Address 2406 EDMUND HIGHWAY

City

WEST COLUMBIA

State

SC

Zip Code

29170-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BANKAIR, INC.

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

866.67

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2014

Transaction ID : SA11.100710

Amount of Each Receipt this Period

866.67

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 74

(check only one)

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

JOHN DICKERSON, JR.

A.

Mailing Address 410 HARBOR HEIGHTS DRIVE

City

LEXINGTON

State

SC

Zip Code

29072-9368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BANK AIR

Occupation

AVIATION TRANSPORT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

866.67

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2014

Transaction ID : SA11.100711

Amount of Each Receipt this Period

866.67

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

28690.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 74

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**A. ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL**

Mailing Address 4301 WILSON BOULEVARD

City

ARLINGTON

State

VA

Zip Code

22203-1867

FEC ID number of contributing  
federal political committee.

**C** C00002972

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.100687**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. AFLAC PAC**

Mailing Address 1932 WYNNTON ROAD

City

COLUMBUS

State

GA

Zip Code

31999-0001

FEC ID number of contributing  
federal political committee.

**C** C00034157

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.100651**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. AIKEN ELECTRIC COOPERATIVE INC. PAC**

Mailing Address 2790 WAGENER ROAD

City

AIKEN

State

SC

Zip Code

29801-8126

FEC ID number of contributing  
federal political committee.

**C** C00398255

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.100683**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PAC (ASHA PAC)**

Mailing Address 2200 RESEARCH BOULEVARD

City

ROCKVILLE

State

MD

Zip Code

20850-3289

FEC ID number of contributing  
federal political committee.

**C** C00210666

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.100655**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ASIAN AMERICAN HOTEL OWNER ASSOCIATION PAC**

Mailing Address 228 S WASHINGTON STREET  
SUITE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00336743

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.100697**

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CB&I POLITICAL ACTION COMMITTEE**

Mailing Address 1050 K STREET NW  
SUITE 620

City

WASHINGTON

State

DC

Zip Code

20001-4456

FEC ID number of contributing  
federal political committee.

**C** C00104885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.100652**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**CB&I POLITICAL ACTION COMMITTEE**

Mailing Address 1050 K STREET NW

SUITE 620

City

WASHINGTON

State

DC

Zip Code

20001-4456

FEC ID number of contributing  
federal political committee.

**C** C00104885

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2014

Transaction ID : SA11.100653

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CONAGRA FOODS INC. GOOD GOVERNMENT ASSOCIATION**

Mailing Address 1 CONAGRA DRIVE

City

OMAHA

State

NE

Zip Code

68102-5003

FEC ID number of contributing  
federal political committee.

**C** C00087874

Name of Employer

Occupation

Receipt For: 2014

☒ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11.100821

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CSX CORP. GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVENUE NW

SUITE 560

City

WASHINGTON

State

DC

Zip Code

20004-1745

FEC ID number of contributing  
federal political committee.

**C** C00163832

Name of Employer

Occupation

Receipt For: 2014

☒ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11.100829

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

2500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**DELOITTE FEDERAL PAC**

**A.**

Mailing Address PO BOX 365

City

WASHINGTON

State

DC

Zip Code

20044-0365

FEC ID number of contributing  
federal political committee.

**C** C00211318

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.100830**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DUKE ENERGY CORPORATION PAC**

**B.**

Mailing Address 550 S TRYON STREET

City

CHARLOTTE

State

NC

Zip Code

28202-4200

FEC ID number of contributing  
federal political committee.

**C** C00083535

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 12 / 2014

**Transaction ID : SA11.100611**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**EVERY REPUBLICAN IS CRUCIAL PAC (ERIC PAC)**

**C.**

Mailing Address 25 E MAIN STREET  
SUITE 200

City

RICHMOND

State

VA

Zip Code

23219-2109

FEC ID number of contributing  
federal political committee.

**C** C00384701

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.100850**

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

7000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVENUE NW  
 SUITE 900

City	State	Zip Code
WASHINGTON	DC	20004-2414

FEC ID number of contributing federal political committee.

C C00024869

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100837

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HUNTINGTON INGALLS INDUSTRIES PAC (SHIPAC)

Mailing Address 300 M STREET SE  
 SUITE 350

City	State	Zip Code
WASHINGTON	DC	20003-3436

FEC ID number of contributing federal political committee.

C C00325092

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100833

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
 SUITE 200

City	State	Zip Code
WASHINGTON	DC	20004-2514

FEC ID number of contributing federal political committee.

C C00034405

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11.100657

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. INVESTMENT COMPANY INSTITUTE PAC**

Mailing Address 1401 H STREET

SUITE 1200

City

WASHINGTON

State

DC

Zip Code

20005-2110

 FEC ID number of contributing  
 federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2014

**Transaction ID : SA11.100612**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. INVESTMENT COMPANY INSTITUTE PAC**

Mailing Address 1401 H STREET

SUITE 1200

City

WASHINGTON

State

DC

Zip Code

20005-2110

 FEC ID number of contributing  
 federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : SA11.100832**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOBS, ECONOMY AND BUDGET FUND**

Mailing Address PO BOX 30844

City

BETHESDA

State

MD

Zip Code

20824-0844

 FEC ID number of contributing  
 federal political committee.

**C** C00420695

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : SA11.100781**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**MAJORITY COMMITTEE PAC**

**A.**

Mailing Address PO BOX 10134

City

BAKERSFIELD

State

CA

Zip Code

93389-0134

FEC ID number of contributing  
federal political committee.

**C** C00428052

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.100851**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)**

**B.**

Mailing Address 1201 15TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20005-2899

FEC ID number of contributing  
federal political committee.

**C** C00000901

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.100693**

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NAUS-PAC**

**C.**

Mailing Address 5535 HEMPSTEAD WAY

City

SPRINGFIELD

State

VA

Zip Code

22151-4010

FEC ID number of contributing  
federal political committee.

**C** C00086348

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.100658**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

A. NUCOR POLITICAL ACTION COMMITTEE

Mailing Address 2100 REXFORD ROAD

City

CHARLOTTE

State

NC

Zip Code

28211-3589

FEC ID number of contributing  
federal political committee.

C C00379628

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11.100656

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 W WALNUT STREET

City

PASADENA

State

CA

Zip Code

91124-0001

FEC ID number of contributing  
federal political committee.

C C00103549

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11.100659

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PROSPERITY ACTION INC.

Mailing Address 1006 PENDLETON STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-1837

FEC ID number of contributing  
federal political committee.

C C00377689

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.100836

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

7000.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**SIERRA NEVADA CORPORATION PAC**

**A.**

Mailing Address PO BOX 50193

City

SPARKS

State

NV

Zip Code

89435-0193

FEC ID number of contributing  
federal political committee.

**C** C00367995

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 31 2014

**Transaction ID : SA11.100834**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THE PROCTER & GAMBLE COMPANY GOOD GOVERNMENT FUND (P&G GGF)**

**B.**

Mailing Address 1 PROCTER AND GAMBLE PLAZA

City

CINCINNATI

State

OH

Zip Code

45202-3315

FEC ID number of contributing  
federal political committee.

**C** C00257329

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 24 2014

**Transaction ID : SA11.100663**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TURKISH COALITION USA PAC (TC-USA PAC)**

**C.**

Mailing Address 1025 CONNECTICUT AVENUE NW  
SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20036-5417

FEC ID number of contributing  
federal political committee.

**C** C00432526

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 31 2014

**Transaction ID : SA11.100754**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 74

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial)

**TWENTY-FIRST CENTURY FOX, INC., PAC (FOX PAC)**

Mailing Address 444 N CAPITOL STREET  
SUITE 740

City State Zip Code  
WASHINGTON DC 20001-1512

FEC ID number of contributing  
federal political committee.

**C** C00330019

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 31 2014

Transaction ID : SA11.100835

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**UPS PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code  
ATLANTA GA 30328-3474

FEC ID number of contributing  
federal political committee.

**C** C00064766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4060.50

Date of Receipt

M M / D D / Y Y Y Y  
03 31 2014

Transaction ID : SA11.100753

Amount of Each Receipt this Period

60.50

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**UPS PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code  
ATLANTA GA 30328-3474

FEC ID number of contributing  
federal political committee.

**C** C00064766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

939.50

Date of Receipt

M M / D D / Y Y Y Y  
03 19 2014

Transaction ID : SA11C.7954

Amount of Each Receipt this Period

467.50

IN-KIND CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1528.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 74

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

CAFE RECESS

A.

Mailing Address 209 PENNSYLVANIA AVENUE SE

City

WASHINGTON

State

DC

Zip Code

20003-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

467.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2014

Transaction ID : SA11C.7953

Amount of Each Receipt this Period

467.50

IN-KIND CONTRIBUTION

[MEMO ITEM]

IN KIND CATERING

Full Name (Last, First, Middle Initial)

UPS PAC

B.

Mailing Address 55 GLENLAKE PARKWAY NE

City

ATLANTA

State

GA

Zip Code

30328-3474

FEC ID number of contributing  
federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

939.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		05		2014

Transaction ID : SA11C.7955

Amount of Each Receipt this Period

120.00

IN-KIND CONTRIBUTION

IN-KIND CATERING

Full Name (Last, First, Middle Initial)

UPS

C.

Mailing Address 316 PENNSYLVANIA AVE SE  
SUITE 300

City

WASHINGTON

State

DC

Zip Code

20003-1146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

120.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		05		2014

Transaction ID : SA11C.7958

Amount of Each Receipt this Period

120.00

IN-KIND CONTRIBUTION

[MEMO ITEM]

IN-KIND CATERING

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

120.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 74  
 (check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Joe Wilson for Congress**

Full Name (Last, First, Middle Initial) <b>UPS PAC</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 19 / 2014</div> </div>
Mailing Address <b>55 GLENLAKE PARKWAY NE</b>		<b>Transaction ID : SA11C.7956</b>
City <b>ATLANTA</b>	State <b>GA</b>	
Zip Code <b>30328-3474</b>		Amount of Each Receipt this Period <div> <div></div> <div>352.00</div> </div>
FEC ID number of contributing federal political committee. <b>C C00064766</b>	Name of Employer	IN-KIND CONTRIBUTION
Occupation	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	IN-KIND CATERING
Election Cycle-to-Date <div> <div></div> <div>939.50</div> </div>		

Full Name (Last, First, Middle Initial) <b>SUSAN GAGE CATERERS</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 19 / 2014</div> </div>
Mailing Address <b>7411 LIVINGSTON ROAD</b>		<b>Transaction ID : SA11C.7957</b>
City <b>OXON HILL</b>	State <b>MD</b>	
Zip Code <b>20745-1747</b>		Amount of Each Receipt this Period <div> <div></div> <div>352.00</div> </div>
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer	IN-KIND CONTRIBUTION
Occupation	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> IN-KIND CATERING
Election Cycle-to-Date <div> <div></div> <div>352.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div></div> </div>
Mailing Address		
City	State	
Zip Code		Amount of Each Receipt this Period <div> <div></div> <div></div> </div>
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer	
Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date <div> <div></div> <div></div> </div>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<div> <div></div> <div>352.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....	<div> <div></div> <div>42500.00</div> </div>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ADDISON G. WILSON**

Mailing Address 2825 WILTON ROAD

City	State	Zip Code
WEST COLUMBIA	SC	29170-2601

Purpose of Disbursement  
REIMB. FOR FOOD & BEVERAGE

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.I7771

**B. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL TAXES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

59.94
-------

Transaction ID : SB17.I7812

**C. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

6230.20
---------

Transaction ID : SB17.I7813

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6390.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. COURTNEY CISSON**

Mailing Address 109 ARSENAL ACADEMY PLACE

City	State	Zip Code
COLUMBIA	SC	29201-2373

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I7814

[MEMO ITEM]

**B. ELIZABETH CONATSER**

Mailing Address PO BOX 29576

City	State	Zip Code
WASHINGTON	DC	20017-0776

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.I7815

[MEMO ITEM]

**C. JONATHAN M. DAY**

Mailing Address 13081 TRIPLE CROWN LOOP

City	State	Zip Code
GAINESVILLE	VA	20155-6646

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.I7816

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. MS. CAROLINE C DELLENEY**

Mailing Address 114 9TH STREET SE

City	State	Zip Code
WASHINGTON	DC	20003-1377

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

230.20
--------

Transaction ID : SB17.I7817

[MEMO ITEM]

**B. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.I7818

[MEMO ITEM]

**C. JONATHAN M. DAY**

Mailing Address 13081 TRIPLE CROWN LOOP

City	State	Zip Code
GAINESVILLE	VA	20155-6646

Purpose of Disbursement  
PAYROLL ADJ.

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.I7819

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

76.00
-------

Transaction ID : SB17.I7820

**B. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.I7821

[MEMO ITEM]

**C. COURTNEY CISSON**

Mailing Address 109 ARSENAL ACADEMY PLACE

City	State	Zip Code
COLUMBIA	SC	29201-2373

Purpose of Disbursement  
PAYROLL ADJ.

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.I7822

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

76.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2014

Amount of Each Disbursement this Period

71.00
-------

Transaction ID : SB17.I7823

**B. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.I7824

**C. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

Amount of Each Disbursement this Period

49.00
-------

Transaction ID : SB17.I7825

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

160.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2014

Amount of Each Disbursement this Period

71.00
-------

Transaction ID : SB17.I7826

**B. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

8230.21
---------

Transaction ID : SB17.I7827

**C. COURTNEY CISSON**

Mailing Address 109 ARSENAL ACADEMY PLACE

City	State	Zip Code
COLUMBIA	SC	29201-2373

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.I7828

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8301.21

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ELIZABETH CONATSER**

Mailing Address PO BOX 29576

City	State	Zip Code
WASHINGTON	DC	20017-0776

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.I7829

[MEMO ITEM]

**B. JONATHAN M. DAY**

Mailing Address 13081 TRIPLE CROWN LOOP

City	State	Zip Code
GAINESVILLE	VA	20155-6646

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I7830

[MEMO ITEM]

**C. MS. CAROLINE C DELLENEY**

Mailing Address 114 9TH STREET SE

City	State	Zip Code
WASHINGTON	DC	20003-1377

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

230.21
--------

Transaction ID : SB17.I7831

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2014

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Amount of Each Disbursement this Period

59.93
-------

Purpose of Disbursement  
PAYROLL TAXES

001

Transaction ID : SB17.I7858

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Amount of Each Disbursement this Period

14.00
-------

Purpose of Disbursement  
PAYROLL FEES

001

Transaction ID : SB17.I7859

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Amount of Each Disbursement this Period

76.00
-------

Purpose of Disbursement  
PAYROLL FEES

001

Transaction ID : SB17.I7861

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

149.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2014

Amount of Each Disbursement this Period

14.00
-------

Transaction ID : SB17.I7891

**B. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

8230.20
---------

Transaction ID : SB17.I7894

**C. COURTNEY CISSON**

Mailing Address 109 ARSENAL ACADEMY PLACE

City	State	Zip Code
COLUMBIA	SC	29201-2373

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.I7897

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8244.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ELIZABETH CONATSER**

Mailing Address PO BOX 29576

City	State	Zip Code
WASHINGTON	DC	20017-0776

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.I7895

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JONATHAN M. DAY**

Mailing Address 13081 TRIPLE CROWN LOOP

City	State	Zip Code
GAINESVILLE	VA	20155-6646

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I7896

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MS. CAROLINE C DELLENEY**

Mailing Address 114 9TH STREET SE

City	State	Zip Code
WASHINGTON	DC	20003-1377

Purpose of Disbursement  
PAYROLL

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2014

Amount of Each Disbursement this Period

230.20
--------

Transaction ID : SB17.I7898

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL TAXES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2014

Amount of Each Disbursement this Period

59.94
-------

Transaction ID : SB17.I7899

**B. ADP**

Mailing Address 8094 SANDPIPER CIRCLE

City	State	Zip Code
NOTTINGHAM	MD	21236-4907

Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 14 / 2014

Amount of Each Disbursement this Period

76.00
-------

Transaction ID : SB17.I7912

**C. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address 205 PENNSYLVANIA AVENUE SE

City	State	Zip Code
WASHINGTON	DC	20003-1164

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 02 / 2014

Amount of Each Disbursement this Period

806.00
--------

Transaction ID : SB17.I7772

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

941.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. BEST PROPERTIES**

Mailing Address 1710 SUNSET BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

City	State	Zip Code
WEST COLUMBIA	SC	29169-5940

Amount of Each Disbursement this Period

990.00
--------

Purpose of Disbursement  
RENT

001

Transaction ID : SB17.I7910

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. CAMPAIGNHQ**

Mailing Address PO BOX 257

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

City	State	Zip Code
BROOKLYN	IA	52211-0257

Amount of Each Disbursement this Period

4103.00
---------

Purpose of Disbursement  
TELEPHONE FUNDRAISING

003

Transaction ID : SB17.I7766

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. CAPITOL STRATEGY GROUP, INC.**Mailing Address 2700 CUMBERLAND PKWY SE  
SUITE 150

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2014

City	State	Zip Code
ATLANTA	GA	30339-3321

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Transaction ID : SB17.I7803

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10093.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL STRATEGY GROUP, INC.**Mailing Address 2700 CUMBERLAND PKWY SE  
SUITE 150

City ATLANTA State GA Zip Code 30339-3321

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

Amount of Each Disbursement this Period

3128.43
---------

Transaction ID : SB17.I7867

**B. CONCENTRIC OFFICE, LLC**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

Purpose of Disbursement  
COMPLIANCE SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

7689.03
---------

Transaction ID : SB17.I7833

**C. GREATER AIKEN CHAMBER OF COMMERCE**

Mailing Address PO BOX 892

City AIKEN State SC Zip Code 29802-0892

Purpose of Disbursement  
MEMBERSHIP DUES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2014

Amount of Each Disbursement this Period

283.00
--------

Transaction ID : SB17.I7855

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11100.46



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. GREATER COLUMBIA CHAMBER OF COMMERCE**

Mailing Address 930 RICHLAND STREET

City	State	Zip Code
COLUMBIA	SC	29201-2329

Purpose of Disbursement  
MEMBERSHIP DUES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

Amount of Each Disbursement this Period

193.00
--------

Transaction ID : SB17.I7768

**B. HOME BUILDERS ASSOCIATION OF GREATER COLUMBIA**

Mailing Address PO BOX 725

City	State	Zip Code
COLUMBIA	SC	29202-0725

Purpose of Disbursement  
MEMBERSHIP DUES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

Amount of Each Disbursement this Period

460.00
--------

Transaction ID : SB17.I7769

**C. MAIL MARKETING STRATEGIES**

Mailing Address PO BOX 5497

City	State	Zip Code
COLUMBIA	SC	29250-5497

Purpose of Disbursement  
ADVERTISING

004

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

154.79
--------

Transaction ID : SB17.I7871

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

807.79

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2014

Amount of Each Disbursement this Period

2.00
------

Transaction ID : SB17.I7773

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2014

Amount of Each Disbursement this Period

1.00
------

Transaction ID : SB17.I7774

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		11		2014

Amount of Each Disbursement this Period

1.00
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Transaction ID : SB17.I7775

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	15	2014

Amount of Each Disbursement this Period

1.20
------

Transaction ID : SB17.I7805

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	13	2014

Amount of Each Disbursement this Period

4.00
------

Transaction ID : SB17.I7806

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	21	2014

Amount of Each Disbursement this Period

29.00
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Transaction ID : SB17.I7807

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

34.20
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FOR LINE NUMBER:  
(check only one)

X	17		18		19a		19b
	20a		20b		20c		21

Joe Wilson for Congress

**A. PIRYX, INC.**



003

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

District:

**B** PIRYX, INC.

MM / DD / YYYY

003

Category/  
Type

☐ Primary      ☐ General  
☐ Other (specify) \_\_\_\_\_

District:

C. PIRYX, INC.

MM / DD / YYYY

003

Category/  
Type

☐ Primary      ☐ General  
☐ Other (specify) \_\_\_\_\_

District:

4.61

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 74

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

## **A. PIRYX, INC.**

Mailing Address 144 2ND STREET  
FLOOR 1

City State Zip Code  
SAN FRANCISCO CA 94105-3718

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 28 / 2014

Amount of Each Disbursement this Period

1.00

Transaction ID : SB17.I7862

## **B. PIRYX, INC.**

Mailing Address 144 2ND STREET  
FLOOR 1

City State Zip Code  
SAN FRANCISCO CA 94105-3718

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 29 / 2014

Amount of Each Disbursement this Period

2.00

Transaction ID : SB17.I7863

## **C. PIRYX, INC.**

Mailing Address 144 2ND STREET  
FLOOR 1

City State Zip Code  
SAN FRANCISCO CA 94105-3718

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
02 / 12 / 2014

Amount of Each Disbursement this Period

0.40

Transaction ID : SB17.I7864

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2014

Amount of Each Disbursement this Period

0.40
------

Transaction ID : SB17.I7865

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

0.40
------

Transaction ID : SB17.I7901

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

52.80
-------

Transaction ID : SB17.I7902

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

53.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2014

Amount of Each Disbursement this Period

6.00
------

Transaction ID : SB17.I7903

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2014

Amount of Each Disbursement this Period

2.00
------

Transaction ID : SB17.I7904

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

2.00
------

Transaction ID : SB17.I7905

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10.00
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

Amount of Each Disbursement this Period

0.80
------

Transaction ID : SB17.I7908

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : SB17.I7909

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

Amount of Each Disbursement this Period

1.00
------

Transaction ID : SB17.I7911

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

21.80



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

0.40
------

Transaction ID : SB17.I7913

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.I7914

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

29.00
-------

Transaction ID : SB17.I7915

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

69.40
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

12.44
-------

Transaction ID : SB17.I7922

**B. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

13.60
-------

Transaction ID : SB17.I7959

**C. PIRYX, INC.**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

5.80
------

Transaction ID : SB17.I7965

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

31.84

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 OF 74

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

## **A. PUSH DIGITAL**

Mailing Address PO BOX 7431

City State Zip Code  
 COLUMBIA SC 29202-7431

Purpose of Disbursement  
 ONLINE FUNDRAISING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 01 / 08 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I7770

## **B. PUSH DIGITAL**

Mailing Address PO BOX 7431

City State Zip Code  
 COLUMBIA SC 29202-7431

Purpose of Disbursement  
 ONLINE FUNDRAISING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 01 / 29 / 2014

Amount of Each Disbursement this Period

1071.58

Transaction ID : SB17.I7811

## **C. RALLY**

Mailing Address 144 2ND STREET  
 FLOOR 1

City State Zip Code  
 SAN FRANCISCO CA 94105-3718

Purpose of Disbursement  
 CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 01 / 31 / 2014

Amount of Each Disbursement this Period

0.45

Transaction ID : SB17.I7832

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2572.03

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. RALLY**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

0.45
------

Transaction ID : SB17.I7893

**B. RALLY**Mailing Address 144 2ND STREET  
FLOOR 1City State Zip Code  
SAN FRANCISCO CA 94105-3718Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

0.45
------

Transaction ID : SB17.I7923

**C. TD CARD SERVICES**

Mailing Address PO BOX 2580

City State Zip Code  
CHERRY HILL NJ 08034-0372Purpose of Disbursement  
CREDIT CARD CHARGES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2014

Amount of Each Disbursement this Period

4109.59
---------

Transaction ID : SB17.I7777

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4110.49

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 OF 74

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

## **A. AT&T**

Mailing Address PO BOX 105262

City ATLANTA State GA Zip Code 30348-5262

Purpose of Disbursement  
TELEPHONE

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 07 / 2013

Amount of Each Disbursement this Period

122.30

Transaction ID : SB17.I7794

[MEMO ITEM]

## **B. CAPITOL HILL CLUB**

Mailing Address 300 1ST STREET SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement  
FOOD & BEVERAGE

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 18 / 2013

Amount of Each Disbursement this Period

781.18

Transaction ID : SB17.I7792

[MEMO ITEM]

## **C. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement  
COMPLIANCE SOFTWARE

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 08 / 2013

Amount of Each Disbursement this Period

798.00

Transaction ID : SB17.I7795

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. HALLS CHOPHOUSE**

Mailing Address 434 KING ST

City	State	Zip Code
CHARLESTON	SC	29403-6230

Purpose of Disbursement  
FOOD & BEVEARGE

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

226.68

Transaction ID : SB17.I7799

[MEMO ITEM]

**B. HOUSE GIFT SHOP**

Mailing Address 529 14TH ST NW

City	State	Zip Code
WASHINGTON	DC	20045-1002

Purpose of Disbursement  
EVENT SUPPLIES

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2013

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.I7800

[MEMO ITEM]

**C. SPRINT**

Mailing Address PO BOX 4191

City	State	Zip Code
CAROL STREAM	IL	60197-4191

Purpose of Disbursement  
CELL PHONE CHARGES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2013

Amount of Each Disbursement this Period

157.24

Transaction ID : SB17.I7791

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. TORTILLA COAST**

Mailing Address 400 1ST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003-1826

Purpose of Disbursement  
FOOD & BEVERAGE

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2013

Amount of Each Disbursement this Period

871.48

Transaction ID : SB17.I7802

[MEMO ITEM]

**B. UNITED STATES POSTAL SERVICE**

Mailing Address 1535 PLATT SPRINGS ROAD

City	State	Zip Code
WEST COLUMBIA	SC	29169-5502

Purpose of Disbursement  
POSTAGE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2013

Amount of Each Disbursement this Period

184.00

Transaction ID : SB17.I7778

[MEMO ITEM]

**C. VERIZON WIRELESS**

Mailing Address PO BOX 660108

City	State	Zip Code
DALLAS	TX	75266-0108

Purpose of Disbursement  
CELL PHONE CHARGES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2013

Amount of Each Disbursement this Period

140.15

Transaction ID : SB17.I7793

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. TD CARD SERVICES**

Mailing Address PO BOX 2580

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

City	State	Zip Code
CHERRY HILL	NJ	08034-0372

Amount of Each Disbursement this Period

9028.04
---------

Purpose of Disbursement  
CREDIT CARD CHARGES

001

Transaction ID : SB17.I7834

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address PO BOX 105262

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
ATLANTA	GA	30348-5262

Amount of Each Disbursement this Period

122.40
--------

Purpose of Disbursement  
TELEPHONE

001

Transaction ID : SB17.I7844

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address PO BOX 105262

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
ATLANTA	GA	30348-5262

Amount of Each Disbursement this Period

122.35
--------

Purpose of Disbursement  
TELEPHONE

001

Transaction ID : SB17.I7845

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

9028.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. BOBBY VANS STEAKHOUSE**

Mailing Address 809 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005-2203

Purpose of Disbursement  
FOOD & BEVERAGE

003

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 12 / 2013

Amount of Each Disbursement this Period

1796.15
---------

Transaction ID : SB17.I7849

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CAPITAL COLUMBIA**Mailing Address 1201 MAIN STREET  
SUITE 2500

City	State	Zip Code
COLUMBIA	SC	29201-3296

Purpose of Disbursement  
FOOD & BEVERAGE

003

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 23 / 2013

Amount of Each Disbursement this Period

388.74
--------

Transaction ID : SB17.I7839

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003-1801

Purpose of Disbursement  
FOOD & BEVERAGE

003

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 19 / 2013

Amount of Each Disbursement this Period

904.91
--------

Transaction ID : SB17.I7842

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. CAPITOL VISITOR CENTER**

Mailing Address FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20515

Purpose of Disbursement  
EVENT SUPPLIES

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	13	2013

Amount of Each Disbursement this Period

225.00
--------

Transaction ID : SB17.I7850

[MEMO ITEM]

**B. EPIPHANY PRODUCTIONS, INC.**

Mailing Address 104 HUME AVENUE

City	State	Zip Code
ALEXANDRIA	VA	22301-1015

Purpose of Disbursement  
CATERING

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	18	2013

Amount of Each Disbursement this Period

850.00
--------

Transaction ID : SB17.I7852

[MEMO ITEM]

**C. HILL COUNTRY BARBECUE**

Mailing Address 410 7TH ST NW

City	State	Zip Code
WASHINGTON	DC	20004-2217

Purpose of Disbursement  
FOOD & BEVERAGE

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	19	2013

Amount of Each Disbursement this Period

1072.85
---------

Transaction ID : SB17.I7853

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. PRIVATE PROPERTY RESTAURANT**

Mailing Address 220 W MAIN ST

City	State	Zip Code
LEXINGTON	SC	29072-2634

Purpose of Disbursement  
FOOD & BEVERAGE

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2013

Amount of Each Disbursement this Period

767.66
--------

Transaction ID : SB17.I7838

[MEMO ITEM]

**B. SPRINT**

Mailing Address PO BOX 4191

City	State	Zip Code
CAROL STREAM	IL	60197-4191

Purpose of Disbursement  
CELL PHONE CHARGES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

Amount of Each Disbursement this Period

157.24
--------

Transaction ID : SB17.I7841

[MEMO ITEM]

**C. UNITED STATES POSTAL SERVICE**

Mailing Address 1535 PLATT SPRINGS ROAD

City	State	Zip Code
WEST COLUMBIA	SC	29169-5502

Purpose of Disbursement  
POSTAGE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

276.00
--------

Transaction ID : SB17.I7846

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2013

City	State	Zip Code
PHOENIX	AZ	85034-3802

Amount of Each Disbursement this Period

1448.30
---------

Purpose of Disbursement  
AIRFARE

002

Transaction ID : SB17.I7848

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address PO BOX 660108

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2013

City	State	Zip Code
DALLAS	TX	75266-0108

Amount of Each Disbursement this Period

131.63
--------

Purpose of Disbursement  
CELL PHONE CHARGES

001

Transaction ID : SB17.I7843

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. WILLCOX INN**

Mailing Address 100 COLLETON AVENUE SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2013

City	State	Zip Code
AIKEN	SC	29801-4870

Amount of Each Disbursement this Period

481.00
--------

Purpose of Disbursement  
FOOD & BEVERAGE

003

Transaction ID : SB17.I7837

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. TD CARD SERVICES**

Mailing Address PO BOX 2580

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
CHERRY HILL	NJ	08034-0372

Amount of Each Disbursement this Period

3491.71
---------

Purpose of Disbursement  
CREDIT CARD CHARGES

001

Transaction ID : SB17.I7873

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address PO BOX 105262

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

City	State	Zip Code
ATLANTA	GA	30348-5262

Amount of Each Disbursement this Period

122.51
--------

Purpose of Disbursement  
CELL PHONE CHARGES

001

Transaction ID : SB17.I7889

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

[MEMO ITEM]

TD CARD 2/26/2014

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST STREET SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2014

City	State	Zip Code
WASHINGTON	DC	20003-1801

Amount of Each Disbursement this Period

233.39
--------

Purpose of Disbursement  
FOOD AND BEVERAGE

003

Transaction ID : SB17.I7881

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

[MEMO ITEM]

TD CARD 2/26/2014

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3491.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. CONGRESSIONAL INSTITUTE, INC.**Mailing Address 1700 DIAGONAL RD  
#730

City ALEXANDRIA State VA Zip Code 22314-2866

Purpose of Disbursement  
RETREAT DUES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

1423.00
---------

Transaction ID : SB17.I7885

[MEMO ITEM]

TD CARD 2/26/2014

**B. SPRINT**

Mailing Address PO BOX 4191

City CAROL STREAM State IL Zip Code 60197-4191

Purpose of Disbursement  
CELL PHONE CHARGES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

Amount of Each Disbursement this Period

157.24
--------

Transaction ID : SB17.I7880

[MEMO ITEM]

TD CARD 2/26/2014

**C. SPRINT**

Mailing Address PO BOX 4191

City CAROL STREAM State IL Zip Code 60197-4191

Purpose of Disbursement  
CELL PHONE CHARGES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

157.41
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Transaction ID : SB17.I7890

[MEMO ITEM]

TD CARD 2/26/2014

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 74

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. UNITED STATES POSTAL SERVICE**

Mailing Address 1535 PLATT SPRINGS ROAD

City	State	Zip Code
WEST COLUMBIA	SC	29169-5502

Purpose of Disbursement  
POSTAGE

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2014

Amount of Each Disbursement this Period

238.00
--------

Transaction ID : SB17.I7883

[MEMO ITEM]

TD CARD 2/26/2014

**B. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BOULEVARD

City	State	Zip Code
PHOENIX	AZ	85034-3802

Purpose of Disbursement  
AIRFARE

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

402.50
--------

Transaction ID : SB17.I7886

[MEMO ITEM]

TD CARD 2/26/2014

**C. VERIZON WIRELESS**

Mailing Address PO BOX 660108

City	State	Zip Code
DALLAS	TX	75266-0108

Purpose of Disbursement  
CELL PHONE CHARGES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		29		2014

Amount of Each Disbursement this Period

132.84
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Transaction ID : SB17.I7882

[MEMO ITEM]

TD CARD 2/26/2014

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 74

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Joe Wilson for Congress

Full Name (Last, First, Middle Initial)

**A. MICHAEL KOGON**

Mailing Address 335 GLEN LAKE DR

City  
ATLANTAState  
GAZip Code  
30327-4819Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

\$	1000.00
----	---------

Transaction ID : SB20A.I7917

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

\$	1000.00
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\$	1000.00
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